



**VENDOR GIFTS**  
**Electronic Filing Access Code**  
**State Ethics Commission**

200 Piedmont Road  
Suite 1402 - West Tower  
Atlanta, GA 30334

**PERSONAL IDENTIFICATION NUMBER APPLICATION**  
**(\*\* All Fields must be completed and legible in order to process registration \*\*)**

**Vendor Identification - Please Print**

Application Status	NEW	AMENDED
Vendor Name	<hr/>	
Contact Person	<hr/>	
Address	<hr/>	
	<hr/>	
City, State Zip	<hr/>	
Telephone	<hr/>	Fax <hr/>
Email Address	<hr/>	

*I understand this confidential PIN number is assigned to the above contact person and only the State Ethics Commission staff and the listed contact will have access to this confidential number.*

**Verification - Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_.

I, the undersigned, do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any vendor gift report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING  
ON BEHALF OF VENDOR: \_\_\_\_\_

**NOTARY PUBLIC** (sign name): \_\_\_\_\_

NOTARY'S	My Commission
NAME: _____	expires: _____

This document was sworn to or affirmed and subscribed before me on \_\_\_\_\_, 20\_\_\_\_

***For Office Use Only***

**FilerID:**

**Approved By** \_\_\_\_\_ **Date** \_\_\_\_\_